

032304

22763 USPTO

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.		2297.MOLS.PT
First Inventor		Mark A. Olson
Title	METHOD AND APPARATUS FOR FORMING EAR AND NOSE PLUGS	
Express Mail Label No.		EV 478758165 US

APPLICATION ELEMENTS**ADDRESS TO:**Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-145017497 U.S. PTO
10/806625

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status
3. ☒ Specification [Total Pages 18]
(Preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or computer program listing appendix
 - Background of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 2]
5. Oath or Declaration [Total Pages 2]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 17 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. ☐ Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other:

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:


☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____

Prior application information:

Examiner _____

Group / Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**18. CORRESPONDENCE ADDRESS**☒ Customer Number**26986**☐ or correspondence address

Name	Frank W. Compagni				
Address	MORRISS O'BRYANT COMPAGNI, P.C. 136 South Main Street, Suite 700				
City	Salt Lake City	State	Utah	Zip Code	84101
Country	United States	Telephone	(801) 478-0071	Fax	(801) 478-0076
Name (Print/Type)	Frank W. Compagni			Registration No.	40,567
Signature				Date	3-23-04

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.10

I hereby certify that the items listed above in this transmittal sheet are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name: Frank W. Compagni

Date of Deposit

EV 478758165 US

Express Mail No.

FEE TRANSMITTAL for FY 2004 <small>Patent fees are subject to annual revision.</small>		<i>Complete if Known</i>		
		Application Number		
		Filing Date		
		First Named Inventor	Mark A. Olson	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Examiner Name		
TOTAL AMOUNT OF PAYMENT		(\$) 439.00	Group Art Unit	
		Attorney Docket No.	2297.MOLS.PT	

METHOD OF PAYMENT <i>(check all that apply)</i>				FEE CALCULATION (continued)					
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None									
<input checked="" type="checkbox"/> Deposit Account:									
Deposit Account: 50-0881									
The Commissioner is authorized to: <i>(check all that apply)</i>									
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments									
<input checked="" type="checkbox"/> Charge any additional fee(s)									
<input type="checkbox"/> Charge fee(s) indicated below, except the filing fee to the above-identified									
FEE CALCULATION									
1. BASIC FILING FEE									
Large Entity		Small Entity							
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid				
1001	770	2001	385	Utility filing fee	385.00				
1002	340	2002	170	Design filing fee					
1003	530	2003	265	Plant filing fee					
1004	770	2004	385	Reissue filing fee					
1005	160	2005	80	Provisional filing fee					
SUBTOTAL (1)						(\$) 385.00			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE									
		Extra Claims		Fee from below		Fee Paid			
Total Claims	26	-	6	X	9.00	=	54.00		
Independent	3	-	0	X	43.00	=	00		
Multiple Dependent						=			
Large Entity		Small Entity							
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid				
1202	18	2202	9	Claims in excess of 20	54.00				
1201	86	2201	43	Independent claims in excess of 3					
1203	290	2203	145	Multiple dependent claim, if not paid					
1204	86	2204	43	**Reissue independent claims over original					
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent					
SUBTOTAL (2)						(\$) 54.00			
				Other fee (specify) _____					
				*Reduced by Basic Filing Fee Paid					
				SUBTOTAL (3)				(\$) \$89	

Name (Print/Type)	Frank W. Compagni	Registration No.	40,567	Telephone	(801) 478-0071
Signature				Date	3-23-04